

## Notification of Demolition and Renovation




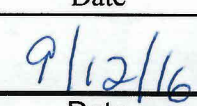
<b>I. Facility Information (Identify owner, removal contractor, and other operator)</b>				
Owner: St. Tropez Condominium c/o FirstService Residential				
Address: 340 East 64th Street				
City: New York		State: NY		Zip: 10065
Contact: Desiree Moore			Tel: 212 751-6345 X 4	
Removal Contractor: Branch Restoration, Inc.				
Address: 261 West 35th Street, Suite 1408				
City: New York		State: NY		Zip: 10001
Contact: Michael J. Caputo			Tel: 212 244-8441	
Other Operator:				
Address:				
City:		State:		Zip:
Contact:			Tel:	
<b>II. Type of Notification (O = Original / R = Revised): O</b>				
<b>III. Type of Operation (D = Demolition / R = Renovation): R</b>				
<b>IV. Is Asbestos Present: (Yes/No) Y</b>				
<b>V. Facility Description (Include building name, number and floor or room number)</b>				
Building Name:				
Address: 340 East 64th Street				
Address:				
City: New York		State: NY		County: Manhattan
Site Location: Apt. 12N				
Building Size:	Sq. Meter:	Sq Ft.: 403,993	# of Floors:	Age In Years: 51
Present Use: Residential		Prior Use: Residential		
<b>VI. Procedure, Including Analytical Method, If appropriate, Used to Detect the Presence of Asbestos Material:</b>				
Polarized Light Microscopy (PLM & Transmission Electron Microscopy (TEM))				
<b>VII. Approximate Amount of RACM to be Removed and Non Friable Asbestos Material That Will Not be Removed. Specify the Amount of Asbestos Below:</b>				
	RACM To Be Removed	Non friable Asbestos Material Not to be Removed		
		----- Category I	----- Category II	
Pipe - Linear Feet				
Pipe - Linear Meters				
Surface Area - Square Feet		1,226		
Surface Area - Square Meters				
Volume RACM Off Facility Component - Cubic Feet				
Volume RACM Off Facility Component - Cubic Meter				
<b>VIII. Scheduled Dates of Asbestos Removal (MM/DD/YY)</b>		Start: 9/26/16		Completion: 3/26/17
<b>IX. Scheduled Dates of Demo/Renovation (MM/DD/YY)</b>		Start:		Completion:

continued on page 2

Figure 1. Notification of Demolition and Renovation

## Notification of Demolition and Renovation

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<b>X.</b>	<b>Description of Planned Demolition or Renovation Work, And Method(s) to be Used:</b>		
	Removal of Non-Friable - Wood Floor Tile and Associated Mastic - Utilizing Interior foam removal procedures and an attached decontamination unit on site.		
<b>XI.</b>	<b>Description of Engineering Controls and Work Practices to be Used to control Emissions of Asbestos at the Demolition and Renovation Site:</b>		
	Non Friable Work Procedures-Wetting material before removal. Worker/waste decontamination unit, isolation barriers, negative Air.		
<b>XII</b>	<b>Waste Transporter #1</b>		
	Name: ATC Transportation Co., Inc.		
	Address: 2 Moriches Middle Island Rd.		
	City: Shirley	State: NY	Zip: 11967
	Contact Person: Butch/Kenny	Tel: 631-924-5050	
	<b>Waste Transporter #2.</b>		
	Name:		
	Address:		
	City:	State:	Zip:
	Contact Person::	Tel:	
<b>XII</b>	<b>Waste Disposal Site</b>		
	Name: Minerva Enterprises, Inc.		
	Address: 9000 Minerva Rd.		
	City: Waynesburg	State: OH	Zip: 44688
	Telephone: 330-866-3435		
<b>XIV</b>	<b>If Demolition Ordered by a Government Agency, Please Identify the Agency Below:</b>		
	Name:	Title:	
	Authority:		
	Date of Order (MM/DD/YY):	Date Order to Begin (MM/DD/YY):	
<b>XV.</b>	<b>For Emergency Renovations</b>		
	Date and Hour of Emergency (MM/DD/YY):		
	Description of the Sudden, Unexpected Event:		
	Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of industrial Operations:		
<b>XVI</b>	<b>Description of procedures to be Followed in the Event that Unexpected Asbestos is found of Previously Nonfriable Asbestos Material Becomes Crumbled, Pulverized, or Reduced to Powder.</b>		
	Application of amended water, Hepa vacuuming.		
<b>XVI</b>	I certify that an individual trained in the provisions of this regulation (40 CFR Part 61, Subpart MO will be on site during the Demolition or Renovation and Evidence that the Required Training has been Accomplished by this person will be available for Inspection during Normal Business hours. (Required 1 year after Promulgation)		
	 Signature of Owner/Operator		 Date
<b>XVI</b>	I Certify that the above information is correct.		
	 Signature of Owner/Operator		 Date

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